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SERIAL NUMBER 09/335,640	FILING DATE 06/18/1999  RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. MS-68(116627)
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

TH

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

TH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/21/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 25	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Telesoff</i>	INITIALS <i>off</i>		
Verified and Acknowledged				

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## TITLE

METHODS, APPARATUS AND DATA STRUCTURES FOR PROVIDING A USER INTERFACE TO OBJECTS,  
 THE USER INTERFACE EXPLOITING SPATIAL MEMORY AND VISUALLY INDICATING AT LEAST ONE  
 OBJECT PARAMETER

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/335,640	06/18/99	345	2773	MS-68(116627

APPLICANT

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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

NONE TH

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

NONE TH

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

NONE TH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials <u>TH</u> Initials _____	WA	25	60	2

ADDRESS

SEE CUSTOMER NUMBER: 007265

TITLE

METHODS, APPARATUS AND DATA STRUCTURES FOR PROVIDING A USER INTERFACE  
TO OBJECTS, THE USER INTERFACE EXPLOITING SPATIAL MEMORY AND VISUALLY  
INDICATING AT LEAST ONE OBJECT PARAMETER

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,610		